



Arkansas Department of Human Services

Division of Medical Services

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TO: Health Care Provider - Transportation

DATE: October 1, 2002

SUBJECT: Update Transmittal No. 55

<u>REMOVE</u>		<u>INSERT</u>	
<u>Page</u>	<u>Date</u>	<u>Page</u>	<u>Date</u>
Table of Contents	Dates vary	Table of Contents	10-1-02
II-11 and II-12	7-1-99	II-11 through II-12B	10-1-02
III-44	7-1-99	III-44	10-1-02

Explanation of Updates

PLEASE NOTE: A new numbering system is being initiated in Section II.

Page II-11, section 270.000 through section 272.200, has been included to reference a new form, DDTCS Transportation Log (DMS-638), which providers must complete effective for dates of service on and after October 1, 2002. Section 272.200 has been included to revise the methodology used to determine the allowable mileage for billing claims of Medicaid recipients who are transported to and from a DDTCS facility by a DDTCS transportation provider. Also, obsolete information has been deleted and text was reorganized to improve clarity of policy material.

Page II-12, section 273.000 and section 274.000, has been included to add the form DDTCS Transportation Log (DMS-638) to the record requirements for DDTCS transportation providers and to reorganize policy material for improved readability. Section 274.000 is a new section that includes information regarding the provider's requirements in retaining records.

Pages II-12A and II-12B have been included to provide a copy of the form DDTCS Transportation Log (DMS-638).

Page III-44, section 313.20, has been included to revise the methodology of determining the allowable mileage for claim reimbursement in the DDTCS Transportation Program.

A change bar in the left margin denotes a revision.

Attached are updated pages to file in your provider manual.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-1461 (voice) or (501) 682-6789 and 1-877-708-8191 (TDD).

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Ray Hanley, Director
Division of Medical Services

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

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Subject: DDTCS TRANSPORTATION PROGRAM COVERAGE	Revised Date: 10-1-02

270.000 PROGRAM COVERAGE

271.000 Introduction

Non-emergency medical transportation will be provided by the transportation broker for the region in which the recipient lives with the exception of transportation to and from a Developmental Day Treatment Clinic Services (DDTCS) facility when the transportation is provided by the DDTCS facility.

272.000 Coverage of DDTCS Transportation Services

Transportation provided by DDTCS transportation providers is a covered service only for Medicaid eligible recipients who are being transported to and from a DDTCS facility. *DDTCS transportation of Medicaid recipients to and from other medical providers is not covered.*

The Medicaid Program covers DDTCS transportation for “loaded miles” only. For purposes of this manual, “loaded miles” is that part of the trip in which a Medicaid recipient is a passenger in a DDTCS vehicle and is being transported either from the point of pickup to the DDTCS facility or from the DDTCS facility to the point of delivery. The exact address where the recipient is picked up and delivered must be documented in the DDTCS transportation provider’s records.

272.100 Trips With Multiple Medicaid Recipients

If more than one Medicaid recipient is transported at the same time to the same location, Medicaid may be billed only for one recipient. If more than one Medicaid recipient is transported at the same time to different locations, the provider may bill only for the recipient traveling the farthest distance. (For purposes of this manual, the farthest distance means the recipient who traveled the most miles while being transported to or from the DDTCS facility.)

The provider must keep a record of all persons being transported. If the person is a Medicaid recipient, the recipient’s Medicaid identification number must also be recorded in the provider’s records. Effective for dates of service on and after October 1, 2002, the provider must complete the DDTCS Transportation Log (Form DMS-638) each time a client is transported to or from the facility. A copy of form DMS-638 can be found in Section II of this manual.

272.200 Mileage Calculation

Mileage calculation is based on the odometer mileage for the Medicaid recipient traveling the farthest distance. The odometer mileage will be determined based on the following:

- A. From the point of pickup of the **first** Medicaid recipient to the facility.
- B. From the facility to the **last** Medicaid recipient’s point of delivery.

The route taken when transporting the clients must be reasonable. The provider must not take unnecessary extended routes to increase the mileage.

See Section III of this manual for billing procedures.

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Subject: DDTCS TRANSPORTATION PROGRAM COVERAGE	Revised Date: 10-1-02

273.000 Record Requirements for DDTCS Transportation Providers

DDTCS transportation providers are required to keep written documentation of records to support the services actually furnished. The following records must be maintained:

- A. Effective for dates of service on and after October 1, 2002, DDTCS transportation providers must complete the DDTCS Transportation Log (Form DMS-638) each time a client is transported to or from the DDTCS facility. The following information must be recorded on the DDTCS Transportation Log:
 1. Provider's name.
 2. The date and time of each pickup and delivery.
 3. Provider's Medicaid provider number.
 4. Vehicle description, including the vehicle identification number and license plate number.
 5. Driver's name.
 6. Attendants' name, if applicable.
 7. Odometer reading and total mileage.
 8. The names of all persons transported.
 9. The exact address of a pickup and/or delivery point must be recorded on the log when the client is picked up or delivered to an address that is different from the address listed in the client's file. (The provider must provide documentation in the client's file of the reason(s) for a different address pickup and/or delivery.)
- B. The exact address where the client is scheduled to be picked up and delivered according to the client's file.
- C. The Medicaid identification number of each Medicaid recipient.

274.000 Retention of Records

DDTCS transportation providers must maintain all required records for a period of five (5) years from the last date of service or until all audit questions, appeal hearings, investigations or court cases are resolved, whichever is longer. The records must be made available during normal business hours to authorized representatives of the Arkansas Department of Human Services, Arkansas Division of Medical Services, the State Medicaid Fraud Unit, and representatives of the Department of Health and Human Services and its authorized agents or officials. Failure to furnish records upon request will result in sanctions being imposed.

All documentation must be made available to representatives of the Division of Medical Services at the time of an audit by the Medicaid Field Audit Unit. All documentation must be available at the provider's place of business. If an audit determines that recoupment is necessary, there will be only thirty (30) days after the date of the recoupment notice in which additional documentation will be accepted. Additional documentation will not be accepted at a later date.

DDTCS Transportation Log

Pickup or Delivery
(Circle One)

Provider Name _____ Date _____

Medicaid Provider Number _____

Vehicle Description _____

Vehicle Identification Number _____

Vehicle License Plate Number _____

Driver's Name _____

Attendant's Name _____

Order of Pickup or Delivery	Time of Pickup or Delivery	Odometer Reading	Transported Client's Name	Medicaid Client	Non- Medicaid Client
		<small>In field (a), report beginning odometer reading before leaving the DDTCS facility. In fields 1-24, report odometer reading at the time of pickup or delivery.</small>	<small>If the pickup or delivery address is different from the address in the client's file, list the address on the log. (The reason for the different pickup and/or delivery address must be documented in the client's file.)</small>		
		(a)		(Check One)	
#1					
#2					
#3					
#4					
#5					
#6					
#7					
#8					
#9					
#10					
#11					
#12					
#13					
#14					
#15					
#16					
#17					
#18					
#19					
#20					
#21					
#22					
#23					
#24					
In field (b), report ending odometer reading after returning to the DDTCS facility.		(b)			

*Total Unloaded Miles Per Trip (Enter Tenths of Mile)_____

*Total Loaded Miles Per Trip (Enter Tenths of Mile)_____

*Total Loaded Medicaid Miles per Trip (Enter Tenths of Mile)_____

**Total Loaded Medicaid Billable Miles per Trip (Rounded to Whole Miles)_____

*Report all odometer readings (except Medicaid Billable Miles) in tenths of miles.

**To compute the "Total Loaded Medicaid Billable Miles", round the "Total Loaded Medicaid Miles" in whole miles by rounding up if 0.5 or greater and rounding down if 0.4 or less.

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	Effective Date: 7-1-80
Subject: SPECIAL BILLING PROCEDURES - DDTCS TRANSPORTATION	Revised Date: 10-1-02

313.20 DDTCS Billing Procedures and Procedure Code

Developmental Day Treatment Clinic Services (DDTCS) providers may choose to provide transportation services for the developmentally disabled (DD) population as a fee-for-service provider for transportation to and from a DDTCS facility. DDTCS transportation *cannot* be claimed for transporting recipients to and from other medical providers.

The procedure code **Z2484** (Type of Service code E) must be used when billing the Medicaid Program for DDTCS transportation services. The Medicaid Program reimburses for “loaded miles” only, i.e., from the point of pickup to the DDTCS facility and from the DDTCS facility to the point of delivery. One unit equals one mile. The overall allowable one-way mileage for each pickup and delivery trip should be totaled and rounded to a whole mile. Mileage will be rounded up if 0.5 or greater and rounded down if 0.4 or less.

When more than one Medicaid recipient is transported at the same time, transportation providers may *not* bill for each Medicaid recipient in the DDTCS vehicle. The transportation provider may bill the odometer mileage for the Medicaid recipient traveling the farthest distance. The odometer mileage will be determined based on the following:

- A. From the point of pickup of the first Medicaid recipient to the DDTCS facility.
- B. From the DDTCS facility to the last Medicaid recipient’s point of delivery.

Example: The DDTCS vehicle makes the following pickups: (a) Medicaid client #1 within the city of the facility; (b) Non-Medicaid client #2 in a different city; and (c) Medicaid client #3 within the city of the facility. The actual odometer mileage, beginning with Medicaid client #1’s point of pickup to the DDTCS facility, can be claimed. NOTE: The city of the pickup is not a factor in determining the allowable mileage.

Example: The DDTCS vehicle makes the following pickups: (a) Non-Medicaid client #1; (b) Non-Medicaid client #2; and (c) Medicaid client #3. The actual odometer mileage, beginning with Medicaid client #3’s point of pickup to the DDTCS facility, can be claimed.

Example: The DDTCS vehicle makes the following deliveries: (a) Medicaid client #1 is dropped off; (b) Medicaid client #2 is dropped off; and (c) Non-Medicaid client #3 is dropped off. The actual odometer mileage from the facility to Medicaid client #2’s point of delivery can be claimed.

If the Medicaid audit process proves that this policy was not followed, Medicaid payment may be recouped from the DDTCS transportation provider.

